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CONFIRMATION NO. 5738

SERIAL NUMBER 10/714,689	FILING OR 371(c) DATE 11/17/2003 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 6755.US.D1
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/731,126 12/06/2000 PAT 6,818,392

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/09/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

23492

TITLE

Monoclonal antibodies to human immunodeficiency virus and uses thereof

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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